

Completing the Annual Statement for Infection Prevention and Control (Primary Care)

It is a requirement of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* that the Infection Prevention and Control Lead produces an annual statement with regard to compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a short review of any:

- known infection transmission event and actions arising from this;
- audits undertaken and subsequent actions;
- risk assessments undertaken for prevention and control of infection;
- training received by staff; and
- review and update of policies, procedures and guidance.

Below is a suggested template for the Annual Statement compiled from national guidance and examples of best practice found on the internet. Practices can (and should) adapt the template and add further detail/headings/examples but the five key headings (above) must be included. If the practice are unable to complete one or more of the five key headings, it is likely that the practice are not compliant with the health and Social Care Act.

Infection Control Annual Statement

Purpose

This annual statement will be generated each year in September 2022 in accordance with the requirements of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance*. It summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any infection control audits undertaken and actions undertaken
- Details of any risk assessments undertaken for prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

The New Forest Central Medical Group has 2 Leads for Infection Prevention and Control: Nina Hammond (Practice Manager) and Dr Nathan Trim (GP Partner)

The IPC Lead is supported by: Ellie Douse (Health Care Assistant) and Rosalie Torah (Health Care Assistant)

Nina Hammond attended an IOSH training course in 2017, keeping up to date with this every 3 years. As well as this, attending infection control meetings on a triannual basis.

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed monthly at the clinical meetings and learning is cascaded to all relevant staff.

In the past year there have been no significant events raised that related to infection control.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Ellie Douse and Rosalie Torah in August 2022.

As a result of the audit, the following things are being actioned at the New Forest Central Medical Group.

- We are currently in the process of gathering up to date staff immunisation records. We do offer all members of staff immunisations in line with current national guidelines.
- We are currently in the process of implementing infection prevention and control training included in all staff induction programmes. This will be in place from 1st October 2022.

- We are currently in the process of arranging for the waste stream area to be in a secure locked area for the Sway surgery.

As a result of the audit, the following things have been changed:

Due to the COVID-19 pandemic an audit on hand washing has not been undertaken. This was discussed with Nina Hammond and this will now be undertaken in October/November 2022. Although, all hand wash basins have handwashing posters.

The New Forest Central Medical Group plan to undertake the following audits in 2022

- Annual Infection Prevention and Control audit
- Hand hygiene audit
- Cold chain audit

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

Immunisation: As a practice we ensure that all of our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Toys: We have no toys in the practice.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use.

Training

All our staff receive annual training in infection prevention and control.

All members of staff complete e-learning on an annual basis.

Nina Hammond has undertaken specialist training in infection prevention and control and water safety.

All clinical members of staff attend Target meetings.

Nina Hammond and Ellie Douse attend infection prevention control meetings three times annually.

Policies

All Infection Prevention and Control related policies are in date for this year.

All policies are updated and reviewed on an annual basis.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually, and all are amended on an on-going basis as per current advice, guidance, and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

Responsibility

It is the responsibility of each individual to be familiar with this Statement and their roles and responsibilities under this.

Review date

August 2023

Responsibility for Review

The Infection Prevention and Control Lead- Nina Hammond and Ellie Douse are responsible for reviewing and producing the Annual Statement.



Nina Hammond

Practice Manager

For and on behalf of the New Forest Central Medical Group

Annual statement completed by: Ellie Douse